

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 08, 2000 8:00 am  
Secretary of State**

02-08-2000 90130 023 \*\*\*158.75

**DOCUMENT # P98000056552**

1. Entity Name

**TECHNICAL ELECTRONICS CORPORATION**

Principal Place of Business

Mailing Address

**3341 SW 15 ST  
POMPANO BEACH FL 33069****3341 SW 15 ST  
POMPANO BEACH FL 33069-4808**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0308922**Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARONOWITZ, JACK L  
3341 SW 15 ST  
POMPANO BEACH FL 33069**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	WEISS, JAMIE	
STREET ADDRESS	3341 SW 15 ST	
CITY-ST-ZIP	POMPANO BEACH FL 33069	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Delete
NAME	LIN, KY	
STREET ADDRESS	3341 SW 15 ST	
CITY-ST-ZIP	POMPANO BEACH FL 33069	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	ARONOWITZ, JACK	
STREET ADDRESS	3341 SW 15 ST	
CITY-ST-ZIP	POMPANO BEACH FL 33069	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	ECKHAUS, JAY	
STREET ADDRESS	3341 SW 15 ST	
CITY-ST-ZIP	POMPANO BEACH FL 33069	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	STREGER, STUART	
STREET ADDRESS	3341 SW 15 ST	
CITY-ST-ZIP	POMPANO BEACH FL 33069	

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	Walter V. Usinowicz, Jr.	
STREET ADDRESS	3341 SW 15 St.	
CITY-ST-ZIP	Pompano Beach, FL 33069	

TITLE	D	<input type="checkbox"/> Delete
NAME	REIMER, STANLEY	
STREET ADDRESS	3341 SW 15 ST	
CITY-ST-ZIP	POMPANO BEACH FL 33069	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jay E. Eckhaus, Secretary,**  
 954-979-0400 ext. 235 Director

Date

Daytime Phone #